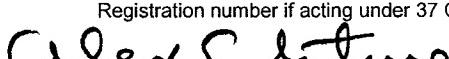


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 509622000700																								
Application Number	10/051,229	Filed January 22, 2002																								
For OPTICAL CDMA COMMUNICATIONS SYSTEM USING OTDC DEVICE																										
Art Unit 2613	Examiner	A. Bello																								
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 5px;"></th> <th style="text-align: center; padding: 5px;"><u>Fee</u></th> <th style="text-align: center; padding: 5px;"><u>Small Entity Fee</u></th> <th style="text-align: right; padding: 5px;">\$</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center; padding: 5px;">\$130</td> <td style="text-align: center; padding: 5px;">\$65</td> <td style="text-align: right; padding: 5px;">130.00</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center; padding: 5px;">\$490</td> <td style="text-align: center; padding: 5px;">\$245</td> <td style="text-align: right; padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center; padding: 5px;">\$1110</td> <td style="text-align: center; padding: 5px;">\$555</td> <td style="text-align: right; padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center; padding: 5px;">\$1730</td> <td style="text-align: center; padding: 5px;">\$865</td> <td style="text-align: right; padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center; padding: 5px;">\$2350</td> <td style="text-align: center; padding: 5px;">\$1175</td> <td style="text-align: right; padding: 5px;">_____</td> </tr> </tbody> </table> <p style="margin-top: 10px;"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u>. </p> <p style="margin-top: 10px;"> WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. </p> <p>I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>31,942</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____</p> <p style="margin-top: 10px;">  <u>Alex Chartove</u> Signature <u>Alex Chartove</u> Typed or printed name </p> <p style="margin-top: 10px;"> <u>March 26, 2009</u> Date <u>(703) 760-7744</u> Telephone Number </p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p>Total of <u>1</u> forms are submitted.</p>				<u>Fee</u>	<u>Small Entity Fee</u>	\$	<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	130.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	_____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	_____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	_____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	_____
	<u>Fee</u>	<u>Small Entity Fee</u>	\$																							
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	130.00																							
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	_____																							
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	_____																							
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	_____																							
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	_____																							